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CONFIRMATION NO. 4613

<b>SERIAL NUMBER</b> 10/594,914	<b>FILING OR 371(c) DATE</b> 09/29/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 9052.250	
<b>APPLICANTS</b> Oumeima Ben Youssef, Gillingham, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB05/01238 03/31/2005 <b>** FOREIGN APPLICATIONS ***** I. T.</b> UNITED KINGDOM 0407317.7 03/31/2004 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/10/2007</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and /Ilya Treyger/ I. T. Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 20792					
<b>TITLE</b> Urinary incontinence device					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		